County: Chi ppewa VI CTORY MEDI CAL CENTER, INC. 230 EAST 4TH AVENUE 230 EAST 4TH AVENUE
STANLEY 54768 Phone: (715) 644-5571
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 65
Total Licensed Bed Capacity (12/31/00): 84
Number of Residents on 12/31/00: 59 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No No Average Daily Census: 62

Number of Residents on 12/31/00:	****	59	*****	***********	******	~ **********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No N	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0. 0 44. 1 11. 9 0. 0 10. 2 0. 0 1. 7 16. 9 1. 7 6. 8 6. 8 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	3. 4 5. 1 30. 5 45. 8 15. 3 100. 0 96. 6	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	16. 9 33. 9 49. 2 100. 0
Developmentally Disabled ************************************	No ****	**********	*****	*******	100.0	**********	*****

Method of Reimbursement

		Medica (Title		(Medic Title			0th	er	Pı	ri vate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Diem	1		Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	6. 1	\$117. 21	0	0. 0	\$0.00	1	10. 0	\$132.00	0	0. 0	\$0.00	4	6. 8%
Skilled Care	Ŏ	0. 0	\$0.00	36	73. 5	\$99. 68	Ŏ	0. 0	\$0.00	7		\$112.00	Ŏ	0. 0	\$0.00	43	72. 9%
Intermediate				10	20.4	\$82. 15	0	0. 0	\$0.00	2	20.0	\$112.00	0	0. 0	\$0.00	12	20. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0. 0		49 1	100.0		0	0.0		10	100.0		0	0.0		59	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 8.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 8. 3 Baťhi ng 0.0 42.4 57. 6 59 Other Nursing Homes 12.5 Dressi ng 6.8 47. 5 45.8 59 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 59 70.8 18.6 33. 9 47. 5 59 33.9 0.0 Toilet Use 18.6 47.5 59 0.0 Eating **59.** 3 20.3 20.3 Other Locations 0.0 Total Number of Admissions 24 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5. 1 5. 1 Private Home/No Home Health 13.8 Occ/Freq. Incontinent of Bladder 62. 7 1.7 Private Home/With Home Health 13.8 Occ/Freq. Incontinent of Bowel 25.4 0.0 Other Nursing Homes 3.4 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.9 Mobility 0.0 Physically Restrained 3.4 39.0 3.4 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 58.6 With Pressure Sores 3.4 Have Advance Directives 33.9 Total Number of Discharges With Rashes Medi cati ons 6.8 Receiving Psychoactive Drugs 57.6 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l
	Facility	Based Facilities	Facilti es
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 8	87. 5 0. 84	84. 5 0. 87
Current Residents from In-County	71. 2	83. 6 0. 85	77. 5 0. 92
Admissions from In-County, Still Residing	25. 0	14. 5 1. 73	21. 5 1. 16
Admissions/Average Daily Census	38. 7	194. 5 0. 20	124. 3 0. 31
Di scharges/Average Daily Census	46. 8	199. 6 0. 23	126. 1 0. 37
Discharges To Private Residence/Average Daily Census	12. 9	102. 6 0. 13	49. 9 0. 26
Residents Receiving Skilled Care	79. 7	91. 2 0. 87	83. 3 0. 96
Residents Aged 65 and Older	96. 6	91. 8 1. 05	87. 7 1. 10
Title 19 (Medicaid) Funded Residents	83. 1	66. 7 1. 25	69. 0 1. 20
Private Pay Funded Residents	16. 9	23. 3 0. 73	22 . 6 0 . 75
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6 0. 00
Mentally Ill Residents	55. 9	30. 6 1. 83	33. 3 1. 68
General Medical Service Residents	0. 0	19. 2 0. 00	18. 4 0. 00
Impaired ADL (Mean)*	61. 7	51. 6 1. 20	49. 4 1. 25
Psychological Problems	57. 6	52. 8 1. 09	50. 1 1. 15
Nursing Care Required (Mean)*	7. 0	7. 8 0. 90	7. 2 0. 98